

INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

ASSESS AND CLASSIFY THE SICK CHILD

Assess, Classify and Identify Treatment

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Ministry of Health
Pakistan



World Health
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SICK YOUNG INFANT AGE LESS THEN 2 MONTHS

ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT

Assess, Classify and Identify Treatment

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ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS



ASSESS

ASK THE MOTHER WHAT THE CHILD'S PROBLEMS ARE

- Determine if this is an initial or follow-up visit for this problem.
 - if follow-up visit, use the follow-up instructions on *FOLLOW-UP* chart.
 - if initial visit, assess the child as follows:

CLASSIFY

USE ALL BOXES THAT MATCH THE
CHILD'S SYMPTOMS AND PROBLEMS
TO CLASSIFY THE ILLNESS.

IDENTIFY TREATMENT

CHECK FOR GENERAL DANGER SIGNS

		SIGNS	CLASSIFY AS	TREATMENT (Urgent pre-referral treatments are in bold and italic print.)
ASK: <ul style="list-style-type: none"> • Is the child not able to drink or breastfeed? • Does the child vomit everything? • Has the child had convulsions? 	LOOK: <ul style="list-style-type: none"> • See if the child is lethargic or unconscious. • See if the child is convulsing now 	• Any general danger sign	VERY SEVERE DISEASE	▶ <i>Treat convulsions if present now.</i> ▶ <i>Complete assessment immediately</i> ▶ <i>Give first dose of an appropriate antibiotic.</i> ▶ <i>Treat the child to prevent low blood sugar.</i> ▶ <i>Refer URGENTLY to hospital.</i>

THEN ASK ABOUT MAIN SYMPTOMS: Does the child have cough or difficult breathing?

IF YES, ASK: <ul style="list-style-type: none"> • For how long? 	LOOK, LISTEN: <ul style="list-style-type: none"> • Count the breaths in one minute. • Look for chest indrawing. • Look and listen for stridor • Look and listen for wheeze. 	CHILD MUST BE CALM	Classify COUGH or DIFFICULT BREATHING	<ul style="list-style-type: none"> • Any general danger sign or • Stridor in calm child.or • Chest indrawing (if wheeze go directly to treat wheezing) 	SEVERE PNEUMONIA OR VERY SEVERE DISEASE	▶ <i>Give first dose of an appropriate antibiotic.</i> ▶ <i>Treat wheezing if present</i> ▶ <i>Treat the child to prevent low blood sugar.</i> ▶ <i>Refer URGENTLY to hospital.*</i>
				<ul style="list-style-type: none"> • Fast breathing. (if wheeze go directly to treat wheezing) 	PNEUMONIA	▶ <i>Give an appropriate antibiotic for 5 days</i> ▶ <i>Treat wheezing if present.</i> ▶ Soothe the throat and relieve the cough with a safe remedy ▶ Advise mother when to return immediately. ▶ Follow-up in 2 days.
				<ul style="list-style-type: none"> • No signs of pneumonia or very severe disease. (if wheeze go directly to treat wheezing) 	NO PNEUMONIA: COUGH OR COLD	▶ <i>Treat wheezing if present.</i> ▶ If coughing more than 30 days, refer for assessment. ▶ Soothe the throat and relieve the cough with a safe remedy. ▶ Advise mother when to return immediately. ▶ For wheezing now, follow-up in 2 days. ▶ Follow-up in 5 days if not improving.

If the child is:	Fast breathing is:
2 months up to 12 months	50 breaths per minute or more
12 months up to 5 years	40 breaths per minute or more

Does the child have diarrhoea?

IF YES, ASK:

- For how long?
- Is there blood in the stool?

LOOK AND FEEL:

- Look at the child's general condition. Is the child:

Lethargic or unconscious?
Restless and irritable?

- Look for sunken eyes.

- Offer the child fluid. Is the child:

Not able to drink or drinking poorly?
Drinking eagerly, thirsty?

- Pinch the skin of the abdomen. Does it go back:

Very slowly (longer than 2 seconds)?
Slowly?

for
DEHYDRATION

**Classify
DIARRHOEA**

and if diarrhoea
14 days or more

and if blood
in stool

Two of the following signs:

- Lethargic or unconscious
- Sunken eyes
- Not able to drink or drinking poorly
- Skin pinch goes back very slowly.

**SEVERE
DEHYDRATION**

- ▶ If child has no other severe classification:
- Give fluid for severe dehydration (Plan C).

OR

If child also has another severe classification:
- Refer **URGENTLY** to hospital with mother giving frequent sips of ORS on the way.
Advise the mother to continue breastfeeding.

- ▶ If child is 2 years or older and there is cholera in your area, give antibiotic for cholera.

Two of the following signs:

- Restless, irritable
- Sunken eyes
- Drinks eagerly, thirsty
- Skin pinch goes back slowly.

**SOME
DEHYDRATION**

- ▶ Give fluid and food for some dehydration (Plan B).

If child also has a severe classification:
- Refer **URGENTLY** to hospital with mother giving frequent sips of ORS on the way.
Advise the mother to continue breastfeeding.

- ▶ Advise mother when to return immediately.
- ▶ Follow-up in 2 days if not improving.

Not enough signs to classify as some or severe dehydration.

**NO
DEHYDRATION**

- ▶ Give fluid and food to treat diarrhoea at home (Plan A).
- ▶ Advise mother when to return immediately.
- ▶ Follow-up in 2 days if not improving.

- Dehydration present.

**SEVERE
PERSISTENT
DIARRHOEA**

- ▶ Treat dehydration before referral unless the child has another severe classification.
- ▶ Refer to hospital.

- No dehydration.

**PERSISTENT
DIARRHOEA**

- ▶ Advise the mother on feeding a child who has PERSISTENT DIARRHOEA.
- ▶ Give multivitamin, mineral supplement for two weeks
- ▶ Advise mother when to return immediately
- ▶ Follow-up in 5 days.

- Blood in the stool.

DYSENTERY

- ▶ **Treat for 5 days with an oral antibiotic recommended for Shigella.**
- ▶ Advise mother when to return immediately
- ▶ Follow-up in 2 days.

*If referral is not possible, manage the child as described in **Integrated Management of Childhood Illness, Treat the Child, Annex: Where Referral Is Not Possible**, and WHO guidelines for inpatient care.

Does the child have throat problem:

IF YES, ASK:

- Does the child have sore throat?
- Is the child not able to drink?
- Does the child have fever?

LOOK AND FEEL:

- Fever (temperature 37.5°C or above).
- Feel the front of the neck for tender enlarged lymph nodes.
- Look for red, enlarged tonsils
- Look for exudate on the throat.

Classify SORE THROAT

• Sore throat AND not able to drink	THROAT ABSCESS	► Give first dose of an appropriate antibiotic. ► Treat the child to prevent low blood sugar. ► Give first dose of paracetamol for high fever or pain. ► Refer URGENTLY to hospital.
Fever and/ or sore throat AND at least two of the following signs. <ul style="list-style-type: none"> • Tender, enlarged lymph nodes on neck. • Red, enlarged tonsils. • White exudate on throat. 	STREPTOCOCCAL SORE THROAT	► Give benzathine penicillin or Amoxycillin. ► Give paracetamol for high fever or pain. ► Give safe, soothing remedy for sore throat. ► Advise mother when to return immediately ► Follow-up in 5 days if not improving.
• Not enough signs to classify as throat abscess or streptococcal sore throat.	VIRAL SORE THROAT	► Give safe, soothing remedy for sore throat. ► Give paracetamol for high fever or pain. ► Advise mother when to return immediately. ► Follow-up in 5 days, if not improving.
• No signs present (with or without fever)	NO THROAT PROBLEMS	► No additional treatment.

Does the child have an ear problem?

IF YES, ASK:

- Is there severe ear pain?
- Is there ear discharge?
If yes, for how long?

LOOK AND FEEL:

- Look for pus draining from the ear.
- Feel for tender swelling behind the ear.

Classify EAR PROBLEM

• Tender swelling behind the ear.	MASTOIDITIS	► Give first dose of an appropriate antibiotic. ► Treat the child to prevent low blood sugar. ► Give first dose of paracetamol for high fever or pain. ► Refer URGENTLY to hospital.
• Pus is seen draining from the ear and/or discharge is reported for less than 14 days, OR • Severe ear pain.	ACUTE EAR INFECTION	► Give an antibiotic for 5 days. ► Give paracetamol for high fever or pain. ► Dry the ear by wicking. ► Advise mother when to return immediately. ► Follow-up in 5 days.
• Discharge is reported for 14 or more days (pus is seen or not seen draining from the ear).	CHRONIC EAR INFECTION	► Dry the ear by wicking if pus seen draining from the ear ► Give paracetamol for high fever or pain ► Refer to Ear Nose & Throat specialist.
• No ear pain and No pus draining from the ear.	NO EAR INFECTION	► If any other ear problem present give appropriate treatment or refer to Ear Nose & Throat specialist.

Does the child have fever?

(by history or feels hot or temperature 37.5°C** or above)

IF YES:

Decide Malaria Risk: high, low or no
If low or no malaria risk, then ask:
Has the child travelled to high or low malaria risk area in the last one month?

Yes _____ No _____
(if yes, use the treatment instructions for the relevant malaria risk area)

THEN ASK:

- Fever For how long?
- If more than 7 days, has fever been present every day?
- Has the child had measles within the last 3 months?

If the child has measles now or within the last 3 months:

LOOK AND FEEL:

- Look or feel for stiff neck.
- Look for runny nose.

Look for signs of MEASLES

- Generalized rash of measles **AND**
- One of these: cough, runny nose, or red eyes.

- Look for mouth ulcers.
Are they deep and extensive?
- Look for pus draining from the eye.
- Look for clouding of the cornea.

**if MEASLES
now or within last 3 months
Classify**

**High
Malaria Risk**

**Low
Malaria Risk**

**Classify
FEVER**

**No
Malaria Risk**

HIGH MALARIA RISK AREA

- Any general danger sign or
- Stiff neck.

**VERY SEVERE
FEBRILE
DISEASE**

- ▶ Give first dose of quinine for severe malaria.
- ▶ Give first dose of an appropriate antibiotic.
- ▶ Treat the child to prevent low blood sugar.
- ▶ Give one dose of paracetamol in clinic for high fever (38.5°C or above).
- ▶ Refer URGENTLY to hospital.

- Fever (by history or feels hot or temperature 37.5°C** or above).

MALARIA

- ▶ Treat the child with an oral antimalarial.
- ▶ Give one dose of paracetamol in clinic for high fever (38.5°C or above).
- ▶ Advise mother when to return immediately.
- ▶ Follow-up in 2 days if fever persists.
- ▶ If fever is present every day for more than 7 days, refer for assessment.

LOW MALARIA RISK AREA

- Any general danger sign or
- Stiff neck.

**VERY SEVERE
FEBRILE
DISEASE**

- ▶ Give first dose of quinine for severe malaria.
- ▶ Give first dose of an appropriate antibiotic.
- ▶ Treat the child to prevent low blood sugar.
- ▶ Give one dose of paracetamol in clinic for high fever (38.5°C or above).
- ▶ Refer URGENTLY to hospital

- Fever for more than two days.
AND
- NO runny nose
- NO measles,

MALARIA

- ▶ Treat The child with an oral antimalarial
- ▶ Give one dose of paracetamol in clinic for high fever (38.5°C or above).
- ▶ Advise mother when to return immediately.
- ▶ Follow-up in 2 days if fever persists.
- ▶ If fever is present every day for more than 7 days, refer for assessment.

- Fever for more than two days.
AND
- Runny nose PRESENT or
- Measles PRESENT or
- Other cause of fever

**FEVER -
MALARIA
UNLIKELY**

- ▶ Give one dose of paracetamol in clinic for high fever (38.5°C or above).
- ▶ Treat other cause of fever accordingly.
- ▶ Advise mother when to return immediately.
- ▶ Follow-up in 2 days if fever persists.
- ▶ If fever is present every day for more than 7 days, refer for assessment.

NO MALARIA RISK AREA AND NO TRAVEL TO MALARIA RISK AREA

- Any general danger sign or
- Stiff neck.

**VERY SEVERE
FEBRILE
DISEASE**

- ▶ Give first dose of an appropriate antibiotic.
- ▶ Treat the child to prevent low blood sugar.
- ▶ Give one dose of paracetamol in clinic for high fever (38.5°C or above).
- ▶ Refer URGENTLY to hospital

- Fever and no travel to malaria area

**FEVER
NO MALARIA**

- ▶ Give one dose of paracetamol in clinic for high fever (38.5°C or above).
- ▶ Treat other cause of fever accordingly.
- ▶ Advise mother when to return immediately.
- ▶ Follow-up in 2 days if fever persists.
- ▶ If fever is present every day for more than 7 days, refer for assessment.

- Any general danger sign or
- Clouding of cornea or
- Deep or extensive mouth ulcers.

**SEVERE
COMPLICATED
MEASLES*****

- ▶ Give first dose of an appropriate antibiotic.
- ▶ Give one dose of paracetamol in clinic for high fever (38.5 °C or above).
- ▶ If clouding of the cornea or pus draining from the eye, apply chloramphenicol eye ointment.
- ▶ Treat the child to prevent low blood sugar.
- ▶ Give Vitamin A.
- ▶ Refer URGENTLY to hospital.

- Pus draining from the eye or
- Mouth ulcers.

**MEASLES WITH
EYE AND / OR
MOUTH
COMPLICATIONS*

- ▶ Give one dose of paracetamol in clinic for high fever (38.5 °C or above).
- ▶ If pus draining from the eye, treat eye infection with chloramphenicol eye ointment. If mouth ulcers, treat with gentian violet
- ▶ Give Vitamin A.
- ▶ Advise mother when to return immediately.
- ▶ Follow-up in 2 days.

- Measles now or within the last 3 months.

MEASLES

- ▶ Give one dose of paracetamol in clinic for high fever (38.5 °C or above).
- ▶ Give Vitamin A.
- ▶ Advise mother when to return immediately.
- ▶ Follow up in 2 days if not improving or If measles now follow-up in 2 days

** These temperatures are based on axillary temperature.

*** Other important complications of measles - pneumonia, stridor, diarrhoea, ear infection, and malnutrition - are classified in other tables.

THEN CHECK FOR MALNUTRITION

LOOK AND FEEL:

- Look for visible severe wasting.
- Look and feel for oedema of both feet.
- Determine weight for age.

Classify NUTRITIONAL STATUS

<ul style="list-style-type: none"> • Visible severe wasting or • Oedema of both feet. 	SEVERE MALNUTRITION	<ul style="list-style-type: none"> ▶ Give Vitamin A. ▶ Treat the child to prevent low blood sugar ▶ Refer URGENTLY to hospital.
<ul style="list-style-type: none"> • Very low weight for age. 	VERY LOW WEIGHT	<ul style="list-style-type: none"> ▶ Assess the child's feeding and counsel the mother on feeding according to the FOOD box on the <i>COUNSEL THE MOTHER</i> chart. ▶ Advise mother when to return immediately. ▶ If feeding problem, follow-up in 5 days. ▶ Follow-up in 30 days.
<ul style="list-style-type: none"> • Not very low weight for age AND no other signs of malnutrition. 	NOT VERY LOW WEIGHT	<ul style="list-style-type: none"> ▶ If child is less than 2 years old, assess the child's feeding and counsel the mother on feeding according to the FOOD box on the <i>COUNSEL THE MOTHER</i> chart. ▶ Advise mother when to return immediately. ▶ If feeding problem, follow-up in 5 days.

THEN CHECK FOR ANAEMIA

LOOK

- Look for palmar pallor. Is it:
Severe palmar pallor?
Some palmar pallor?

Classify ANAEMIA

<ul style="list-style-type: none"> • Severe palmar pallor 	SEVERE ANAEMIA	<ul style="list-style-type: none"> ▶ Treat the child to prevent low blood sugar ▶ Refer URGENTLY to hospital.
<ul style="list-style-type: none"> • Some palmar pallor 	ANAEMIA	<ul style="list-style-type: none"> ▶ Assess the child's feeding and counsel the mother on feeding according to the FOOD box on the <i>COUNSEL THE MOTHER</i> chart. ▶ Give iron. ▶ Give oral antimalarial if high malaria risk. ▶ Deworm if child is two years or older & has not had a dose in previous six months, or has evidence of worm infestation ▶ Advise mother when to return immediately. ▶ Follow-up in 14 days.
<ul style="list-style-type: none"> • No palmar pallor. . 	NO ANAEMIA	No additional treatment.

THEN CHECK CHILD'S IMMUNIZATION, VITAMIN A SUPPLEMENTATION, AND DEWORMING STATUS

IMMUNIZATION SCHEDULE:	<u>AGE</u>	<u>VACCINE</u>	
	Birth	BCG	OPV-0
	6 weeks	DPT-1	OPV-1
	10 weeks	DPT-2	OPV-2
	14 weeks	DPT-3	OPV-3
	9 months	Measles	

VITAMIN A SUPPLEMENTATION STATUS:	<ul style="list-style-type: none">• If child is 6 months or older and has not received a dose in the last 6 months, give a dose of vitamin A in the clinic
--	--

DEWORMING STATUS:	<ul style="list-style-type: none">• If child is 2 years or older and has not received deworming drug in the last 6 months, give a dose of Pyrantel Pamoate
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ASSESS OTHER PROBLEMS

MAKE SURE CHILD WITH ANY GENERAL DANGER SIGN IS REFERRED after first dose of an appropriate antibiotic and other urgent treatments.

Exception: Rehydration of the child according to Plan C may resolve danger signs so that referral is no longer needed.



TREAT THE CHILD

CARRY OUT THE TREATMENT STEPS IDENTIFIED ON THE ASSESS AND CLASSIFY CHART



TEACH THE MOTHER TO GIVE ORAL DRUGS AT HOME

Follow the instructions below for every oral drug to be given at home. Also follow the instructions listed with each drug's dosage table.

- Determine the appropriate drugs and dosage for the child's age or weight.
- Tell the mother the reason for giving the drug to the child.
- Demonstrate how to measure a dose.
- Watch the mother practice measuring a dose by herself.
- Ask the mother to give the first dose to her child.
- Explain carefully how to give the drug, then label and package the drug.
- If more than one drug will be given, collect, count and package each drug separately.
- Explain that all the oral drug tablets or syrups must be used to finish the course of treatment, even if the child gets better.
- Check the mother's understanding before she leaves the clinic.

► Give an Appropriate Oral Antibiotic

► FOR PNEUMONIA, ACUTE EAR INFECTION:

FIRST-LINE ANTIBIOTIC: **COTRIMOXAZOLE**
SECOND-LINE ANTIBIOTIC: **AMOXYCILLIN**

AGE or WEIGHT	COTRIMOXAZOLE (trimethoprim + sulphamethoxazole) Give two times daily for 5 days		AMOXYCILLIN daily for 5 days ► Give three times	
	ADULT TABLET 80 mg trimethoprim + 400 mg sulphamethoxazole	SYRUP 40 mg trimethoprim + 200 mg sulphamethoxazole per 5 ml	SYRUP 125 mg per 5 ml	SYRUP 250 mg per 5 ml
2 months up to 12 months (4 - <10 kg)	1/2	5.0 ml	5 ml	2.5 ml
12 months up to 5 years (10 - 19 kg)	1	7.5 ml	10 ml	5 ml

► FOR DYSENTERY:

Give antibiotic recommended for 5 days.

FIRST-LINE ANTIBIOTIC: **NALIDIXIC ACID**
SECOND-LINE DRUG: **METRONIDAZOLE (REFER TO FOLLOW UP BOX)**

AGE or WEIGHT	NALIDIXIC ACID Give four times daily for 5 days		METRONIDAZOLE Give three times daily for 5 days	
	TABLET 500 mg	SYRUP 250 mg per 5 ml	TABLET 200 mg	SYRUP 200 mg per 5 ml
2 months up to 4 months (4 - <6 kg)	1/4	1.25 ml		
4 months up to 12 months (6 - <10 kg)	1/4	2.5 ml		
12 months up to 3 years (10 - <14 kg)	1/2	5 ml	1/2	2.5 ml
3 years up to 5 years (14 - 19 kg)	1/2	5 ml	1	5 ml

► FOR CHOLERA:

Give antibiotic recommended for Cholera for 3 days.

FIRST-LINE ANTIBIOTIC FOR CHOLERA: **NALIDIXIC ACID**

AGE or WEIGHT	Nalidixic Acid Give four times daily for 3 days	
	TABLET 500 mg	SYRUP 250 mg per 5 ml
2 months up to 4 months (4 - <6 kg)		1.25 ml
4 months up to 12 months (6 - <10 kg)	1/4	2.5 ml
12 months up to 5 years (10 - 19 kg)	1/2	5 ml

TEACH THE MOTHER TO GIVE ORAL DRUGS AT HOME

Follow the instructions below for every oral drug to be given at home.
Also follow the instructions listed with each drug's dosage table.

► Give an Oral Antimalarial

FIRST-LINE ANTIMALARIAL:
SECOND-LINE ANTIMALARIAL:

CHLOROQUINE
SULFADOXINE PYRIMETHAMINE

► IF CHLOROQUINE:

- Explain to the mother that she should watch her child carefully for 30 minutes after giving a dose of chloroquine. If the child vomits within 30 minutes, she should repeat the dose and return to the clinic for additional tablets.
- Explain that itching is a possible side effect of the drug, but is not dangerous.

► IF SULFADOXINE + PYRIMETHAMINE: Give single dose in clinic.

CHLOROQUINE									
► Give for 3 days									
AGE or WEIGHT	TABLET (150 mg base)			TABLET (100 mg base)			SYRUP (50 mg base per 5 ml)		
	DAY 1	DAY 2	DAY 3	DAY 1	DAY 2	DAY 3	DAY 1	DAY 2	DAY 3
2 months up to 12 months (4 - <10 kg)	1/2	1/2	1/2	1	1	1/2	7.5 ml	7.5 ml	5.0 ml
12 months up to 3 years (10 - <14 kg)	1	1	1/2	1 1/2	1 1/2	1/2	15.0 ml	15.0 ml	5.0 ml
3 years up to 5 years (14 - 19 kg)	1 1/2	1 1/2	1/2	2	2	1			

SULFADOXINE +
PYRIMETHAMINE
► Give single dose in clinic

► Give Paracetamol for High Fever ($\geq 38.5^{\circ}\text{C}$) or Sore Throat or Ear Pain

- Give paracetamol every 6 hours until high fever or sore throat or ear pain is gone.

AGE or WEIGHT	PARACETAMOL	
	TABLET (500 mg)	SYRUP (120 mg per 5 ml)
2 months up to 6 months (4 - <7 kg)		2.5 ml
6 months up to 3 years (7 - <14 kg)	1/4	5 ml
3 years up to 5 years (14 - 19 kg)	1/2	10 ml

► Give Multivitamin / Mineral Supplement

- For persistent diarrhoea, give 5 ml (one tea spoon) once daily of multivitamin minerals for 2 weeks each 5 ml contains

Vitamin-A:	8000 IU (800 micrograms)
Folate:	100 micrograms
Magnesium:	150 mg
Iron:	20 mg
Zinc:	20 mg
Copper:	2 mg

► Give Vitamin A

- Give two doses.
 - Give first dose in clinic.
 - Give mother one dose to give at home the next day.

AGE	VITAMIN A CAPSULES	
	200 000 IU	100 000 IU
Up to 6 months		1/2 capsule
6 months up to 12 months	1/2 capsule	1 capsule
12 months up to 5 years	1 capsule	2 capsules

► Give Iron

- Give one dose daily for 14 days.

AGE or WEIGHT	IRON/FOLATE TABLET Ferrous sulfate 200 mg + 250 mcg Folate	IRON SYRUP Ferrous fumarate 100 mg per 5 ml
2 months up to 4 months (4 - <6 kg)		1.00 ml
4 months up to 12 months (6 - <10 kg)		1.25 ml
12 months up to 3 years (10 - <14 kg)	1/2	2.00 ml
3 years up to 5 years (14 - 19 kg)	1/2	2.5 ml

► Give Pyrante! Pamoate

- FOR TREATMENT OF ANEMIA AND IF STOOLS POSITIVE FOR WORMS OR:
 - If the child is 2 years or older and has not had a dose in the previous 6 months or
 - If child is 4 months of age or older and has evidence of worm infestation.
- GIVE PYRANTEL PAMOATE AS A SINGLE DOSE IN CLINIC.

AGE or WEIGHT	PYRANTEL PAMOATE	
4 months up to 9 months (6 - <8 kg)	1/2	1/4
9 months up to 1 year (8 - <10 kg)	3/4	1/2
1 year up to 3 years (10 - <14 kg)	1	1/2
3 years up to 5 years (14 - 19 kg)	1-1/2	3/4

TEACH THE MOTHER TO TREAT LOCAL INFECTIONS AT HOME

- ▶ Explain to the mother what the treatment is and why it should be given.
- ▶ Describe the treatment steps listed in the appropriate box.
- ▶ Watch the mother as she does the first treatment in the clinic (except remedy for cough or sore throat).
- ▶ Tell her how often to do the treatment at home.
- ▶ If needed for treatment at home, give mother the tube of chloramphenicol ointment or a small bottle of gentian violet.
- ▶ Check the mother's understanding before she leaves the clinic.

▶ **Treat Eye Infection with Chloramphenicol Eye Ointment**

- ▶ Clean both eyes 3 times daily.
 - Wash hands.
 - Ask child to close the eye.
 - Use clean cloth and water to gently wipe away pus.
- ▶ Then apply Chloramphenicol eye ointment in both eyes 3 times daily.
 - Ask the child to look up.
 - Squirt a small amount of ointment on the inside of the lower lid.
 - Wash hands again.

Treat until redness is gone.
Do not use other eye ointments or drops, or put anything else in the eye.
Return to clinic immediately, if infection becomes worse.

▶ **Dry the Ear by Wicking**

- ▶ Dry the ear at least 3 times daily.
 - Roll clean absorbent cloth or soft, strong tissue paper into a wick.
 - Place the wick in the child's ear.
 - Remove the wick when wet.
 - Replace the wick with a clean one and repeat these steps until the ear is dry.

▶ **Treat Mouth Ulcers with Gentian Violet**

- ▶ Treat the mouth ulcers twice daily.
 - Wash hands.
 - Wash the child's mouth with clean soft cloth wrapped around the finger and wet with salt water.
 - Paint the mouth with half-strength gentian violet (0.25 %).
 - Wash hands again.

▶ **Soothe the Throat, Relieve the Cough with a Safe Remedy**

- Safe remedies to recommend:
 - Breast milk for exclusively breastfed infant.
 - Honey with water : one tea spoon honey in half cup of luke warm water.
 - Green tea, Soup etc.
- Harmful remedies to discourage:
 - Cough syrup containing codeine, antihistamines, alcohol, atropine and expectorants.
 - Oral and nasal decongestants
 - Do not massage or bind the chest
 - Do not give opium, alcohol etc.

GIVE THESE TREATMENTS IN CLINIC ONLY

- Explain to the mother why the drug is given.
- Determine the dose appropriate for the child's weight (or age).
- Use a sterile needle and sterile syringe. Measure the dose accurately.
- Give the drug as an Intramuscular injection.
- If child cannot be referred, follow the instructions provided.

► Treat the Convulsing Child with Diazepam

Manage the Airway:

- Turn the child on the side to avoid aspiration
- Do not insert any thing in the mouth
- If lips and tongue are blue, open the mouth and make sure the airway is clear.
- If necessary remove secretions from the throat through a catheter inserted through the nose

Give Diazepam Rectally:

- Draw up the dose of diazepam into a small syringe
- Add 2-3 ml water Then remove the needle
- Attach a piece of nasogastric tube to the syringe if possible.
- Insert 4 to 5 cm of the tube or tip of the syringe into the rectum and inject the diazepam solution.
- Hold buttocks together for a few minutes

AGE or WEIGHT	Diazepam Given Rectally (10 mg= 2ml) Dose 0.5mg/kg
Less than 7 days (If weight < 2.5 kg)	0.25 ml
Less than 7 days (If weight > 2.5 kg)	0.5 ml
7 days up to 4 months (3 - < 6 kg)	0.5 ml
4 months up to 12 months (6 - <10 kg)	1 ml
12 months up to 3 years (10 - < 14 kg)	1.25 ml
3 years up to 5 years (14 - 19 kg)	1.5 ml

If High Fever, Lower the Fever:

- Sponge the child with tap water
- Give antipyretic

► Give An Intramuscular Antibiotic

FOR CHILDREN BEING REFERRED URGENTLY:

- Give first dose of Intramuscular Chloramphenicol and refer child urgently to hospital.

IF REFERRAL IS NOT POSSIBLE:

- Repeat the Chloramphenicol injection every 12 hours for 5 days.
- Then change to an appropriate oral antibiotic to complete 10 days of treatment.

AGE or WEIGHT	CHLORAMPHENICOL Dose: 40 mg per kg Add 5.0 ml sterile water to vial containing 1000 mg = 5.6 ml at 180 mg/ml
2 months up to 4 months (4 - < 6 kg)	1.0 ml = 180 mg

► Give Quinine for Severe Malaria

FOR CHILDREN BEING REFERRED WITH VERY SEVERE FEBRILE DISEASE:

- Check which quinine formulation is available

AGE or WEIGHT	INTRAMUSCULAR QUININE (in 2 ml ampoules)					
	AMPOULES (150 mg/ml)			AMPOULES (300 mg/ml)		
	Draw up this dose of undiluted quinine in syringe	Add this amount of normal saline	Total diluted solution to administer (60 mg/ml)	Draw up this dose of undiluted quinine in syringe	Add this amount of normal saline	Total diluted solution to administer (60 mg/ml)
2 months up to 4 months (4 - < 6 kg)	0.4 ml	0.6 ml	1.0 ml	0.2 ml	0.8 ml	1.0 ml
4 months up to 12 months (6 - < 10 kg)	0.6 ml	0.9 ml	1.5 ml	0.3 ml	1.2 ml	1.5 ml
12 months up to 2 years (10 - < 12 kg)	0.8 ml	1.2 ml	2.0 ml	0.4 ml	1.6 ml	2.0 ml
2 years up to 3 years (12 - < 14 kg)	1.0 ml	1.5 ml	2.5 ml	0.5 ml	2.0 ml	2.5 ml
3 years up to 5 years (14 - 19 kg)	1.2 ml	1.8 ml	3.0 ml	0.6 ml	2.4 ml	3.0 ml

* quinine salt your clinic.
► Give

in

first

► Treat Wheezing:

- **CHILDREN WITH WHEEZING AND GENERAL DANGER SIGN OR STRIDOR**
 - Give one dose of rapid acting bronchodilator and REFER immediately
- **CHILDREN WITH WHEEZING AND CHEST INDRAWING AND/OR FAST BREATHING**
 - Give a rapid acting bronchodilator and reassess the child 30 minutes later

IF:		THEN:
CHEST INDRAWING PERSISTS	→	Treat for SEVERE PNEUMONIA or VERY SEVERE DISEASE (REFER)
FAST BREATHING ALONE	→	Treat for PNEUMONIA Give oral salbutamol for 5 days.
NO FAST BREATHING	→	Treat for NO PNEUMONIA COUGH OR COLD Give oral salbutamol for 5 days.

- **CHILDREN WITH WHEEZING AND NO DANGER SIGNS, NO STRIDOR, NO CHEST INDRAWING NO FAST BREATHING**
 - Treat for no pneumonia: cough or cold
 - Give oral salbutamol for 5 days

RAPID ACTING BRONCHODILATOR		
AGE or WEIGHT	Nebulized Salbutamol (5mg/ml)	Metered dose inhaler with spacer device (100mcg/dose)
2 months up to 6 months (4- <7 kg)	0.25 ml (plus 2.0 ml sterile water)	1 puff
6 months up to 12 months (7- <10 kg)	0.5 ml (plus 2.0 ml sterile water)	1 to 2 puffs
12 months up to 5 years (10- 19 kg)	0.5 ml (plus 2.0 ml sterile water)	2 to 3 puffs

ORAL SALBUTAMOL		
► Three times daily for five days		
AGE or WEIGHT	TABLETS (2 mg)	SYRUP (2 mg/5ml)
2 months up to 6 months (4- <7 kg)	1/4	1.25 ml
6 months up to 12 months (7- <10 kg)	1/2	2.5 ml
12 months up to 5 years (10-19 kg)	1	5 ml

► Treat the Child to Prevent Low Blood Sugar

- **If the child is able to breastfeed:**

Ask the mother to breastfeed the child.

- **If the child is not able to breastfeed but is able to swallow:**

Give expressed breast milk or a breast milk substitute.
If neither of these is available, give sugar water.
Give 30-50 ml of milk or sugar water before departure.

To make sugar water: Dissolve 4 level teaspoons of sugar (20 grams) in a 200-ml cup of clean water.

- **If the child is not able to swallow:**

Give 50 ml of milk or sugar water by nasogastric tube.

► Give An Antibiotic for Streptococcal Sore Throat

- **Give a single dose of Intramuscular Benzathine Penicillin**

- **OR Give**

Age	Benzathine Penicillin (600,000 units add 5 ml sterile water)
< 5 years	600,000 unit

GIVE EXTRA FLUID FOR DIARRHOEA AND CONTINUE FEEDING

(See FOOD advice on COUNSEL THE MOTHER chart)

► Plan A: Treat Diarrhoea at Home

**Counsel the mother on the 3 Rules of Home Treatment:
Give Extra Fluid, Continue Feeding, When to Return**

1. GIVE EXTRA FLUID (as much as the child will take)

► TELL THE MOTHER:

- Breastfeed frequently and for longer at each feed.
- If the child is exclusively breastfed, give ORS or clean water in addition to breast milk.
- If the child is not exclusively breastfed, give one or more of the following: ORS solution, food-based fluids (such as soup, rice water, and yoghurt drinks), or clean water.

It is especially important to give ORS at home when:

- the child has been treated with Plan B or Plan C during this visit.
- the child cannot return to a clinic if the diarrhoea gets worse.

► TEACH THE MOTHER HOW TO MIX AND GIVE ORS. GIVE THE MOTHER 2 PACKETS OF ORS (1000 ml) TO USE AT HOME.

► SHOW THE MOTHER HOW MUCH FLUID TO GIVE IN ADDITION TO THE USUAL FLUID INTAKE:

Up to 2 years	50 to 100 ml after each loose stool
2 years or more	100 to 200 ml after each loose stool

Tell the mother to:

- Give frequent small sips from a cup.
- If the child vomits, wait 10 minutes. Then continue, but more slowly.
- Continue giving extra fluid until the diarrhoea stops.

2. CONTINUE FEEDING

3. WHEN TO RETURN



See COUNSEL THE MOTHER chart

► Plan B: Treat Some Dehydration with ORS

Give in clinic recommended amount of ORS over 4-hour period

► DETERMINE AMOUNT OF ORS TO GIVE DURING FIRST 4 HOURS.

AGE*	Up to 4 months	4 months up to	12 months up to	2 years up to
WEIGHT	< 6 kg	6 - < 10 kg	10 - < 12 kg	12 - 19 kg
In ml	200 - 400	400 - 700	700 - 900	900 - 1400

* Use the child's age only when you do not know the weight. The approximate amount of ORS required (in ml) can also be calculated by multiplying the child's weight (in kg) times 75.

- If the child wants more ORS than shown, give more.
- For infants under 6 months who are not breastfed, also give 100-200 ml clean water during this period.

► SHOW THE MOTHER HOW TO GIVE ORS SOLUTION.

- Give frequent small sips from a cup.
- If the child vomits, wait 10 minutes. Then continue, but more slowly.
- Continue breastfeeding whenever the child wants.

► AFTER 4 HOURS:

- Reassess the child and classify the child for dehydration.
- Select the appropriate plan to continue treatment.
- Begin feeding the child in clinic.

► IF THE MOTHER MUST LEAVE BEFORE COMPLETING TREATMENT:

- Show her how to prepare ORS solution at home.
- Show her how much ORS to give to finish 4-hour treatment at home.
- Give her enough ORS packets to complete rehydration. Also give her 2 packets as recommended in Plan A.
- Explain the 3 Rules of Home Treatment:

1. GIVE EXTRA FLUID

2. CONTINUE FEEDING

3. WHEN TO RETURN



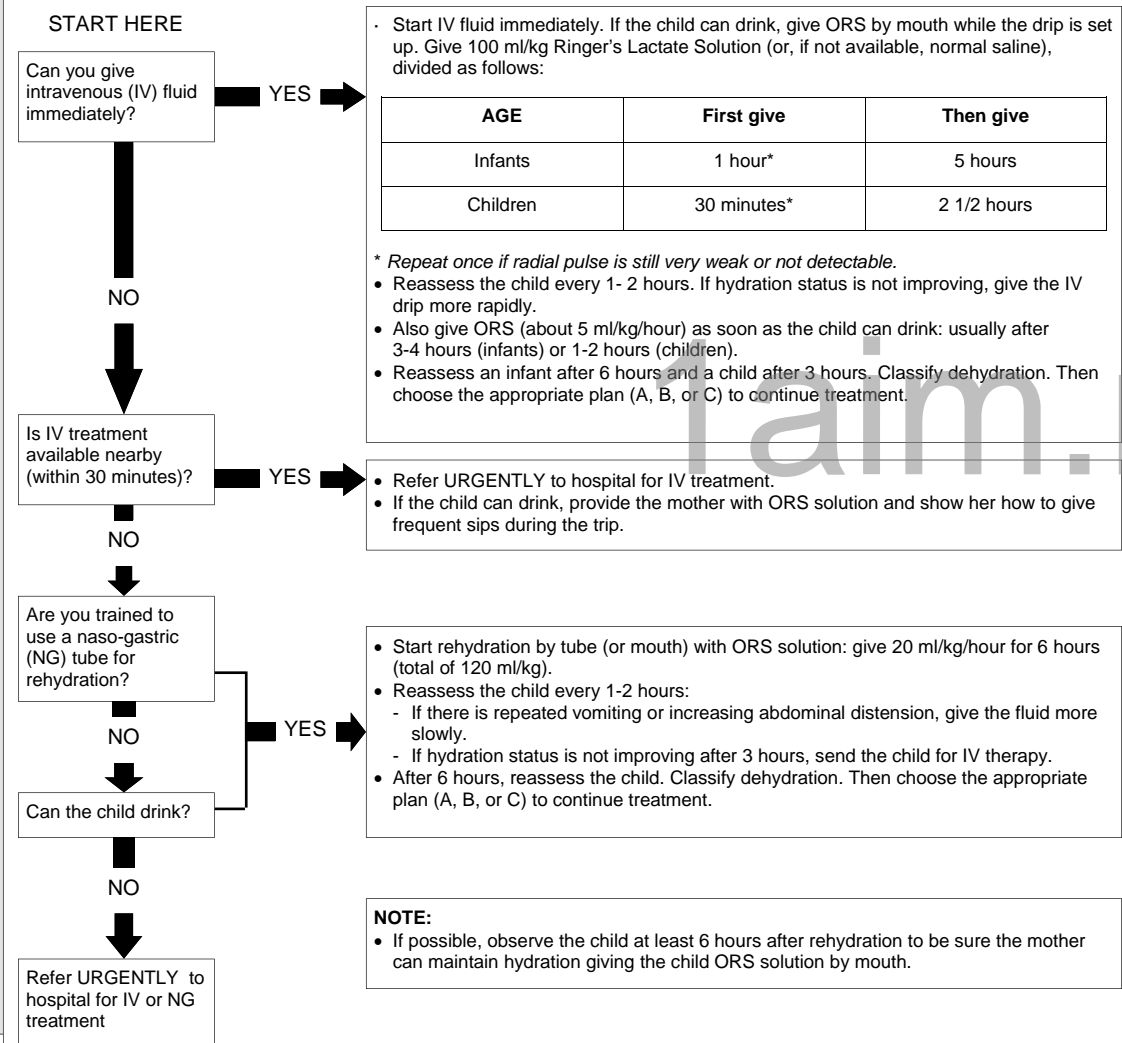
See Plan A for recommended fluids
and
See COUNSEL THE MOTHER chart

GIVE EXTRA FLUID FOR DIARRHOEA AND CONTINUE FEEDING

(See **FOOD** advice on **COUNSEL THE MOTHER** chart)

► Plan C: Treat Severe Dehydration Quickly

► FOLLOW THE ARROWS. IF ANSWER IS "YES", GO ACROSS. IF "NO", GO DOWN.



GIVE VITAMIN-A SUPPLEMENTATION, AS NEEDED

GIVE PYRENTAL PAOMATE, AS NEEDED

IMMUNIZE EVERY SICK CHILD, AS NEEDED

GIVE FOLLOW-UP CARE

- Care for the child who returns for follow-up using all the boxes that match the child's previous classifications.
- If the child has any new problem, assess, classify and treat the new problem as on the **ASSESS AND CLASSIFY** chart.

► PNEUMONIA

After 2 days:

Check the child for general danger signs.
Assess the child for cough or difficult breathing.

Ask:

- Is the child breathing slower?
- Is there less fever?
- Is the child eating better?
- Is the child wheezing?

Treatment:

- If **child has a general danger sign or stridor or chest indrawing or has more fast breathing and with or without wheeze**, give a dose of Intramuscular Chloramphenicol. If wheezing also give a dose of rapid acting bronchodilator. Then refer URGENTLY to hospital.
- If **breathing rate, fever and eating are the same, with or without wheeze**, change to the second-line antibiotic and advise the mother to return in 2 days. If wheezing now or had wheezing on first visit give/continue oral salbutamol. (If this child had measles within the last 3 months, refer).
- If **breathing rate slower, less fever, or eating better, with or without wheezing**, complete the 5 days of antibiotic. If wheezing now or had wheezing on first visit give/continue oral salbutamol for five days.
- If **child had no wheeze on the first visit but has wheeze now and has no general danger signs or stridor, or chest indrawing or fast breathing**, treat as in "No Pneumonia: Cough or Cold - Wheeze" box.

► NO PNEUMONIA: COUGH OR COLD - WHEEZE

After 2 days:

Check the child for general danger signs.
Assess the child for cough or difficult breathing.

} See **ASSESS & CLASSIFY** chart.

Treatment:

- If **any general danger sign or stridor or chest indrawing**, treat as SEVERE PNEUMONIA OR VERY SEVERE DISEASE, give a dose of pre-referral intramuscular antibiotic. If wheezing now, give one dose of rapid acting bronchodilator and refer URGENTLY to hospital.
- If **fast breathing**, with wheeze also give a dose of rapid acting bronchodilator and reassess according to "treat wheezing" box.
- If **child is wheezing but has no general danger signs, no stridor, no chest indrawing or no fast breathing**
 - if this is the first episode of wheezing or if the child had previous episodes but has not been referred, give salbutamol and refer for assessment.
 - If the child has already been referred for a previous episode of wheezing advise the mother to continue with treatment prescribed by the referral hospital. Advise the mother to return if the child's breathing becomes more difficult. If this child returns because condition has worsened, refer URGENTLY to hospital for further treatment.
- If had wheeze and now **no wheezing**- complete 5 days of oral salbutamol.

► DYSENTERY

After 2 days:

Assess the child for diarrhoea. > See **ASSESS & CLASSIFY** chart.

Ask:

- Are there fewer stools?
- Is there less blood in the stool?
- Is there less fever?
- Is there less abdominal pain?
- Is the child eating better?

Treatment:

- If the child is **dehydrated**, treat dehydration.
- If number of stools, amount of blood in stools, fever, abdominal pain, or eating is worse-refer to hospital.
- If **number of stools, amount of blood in stools, fever, abdominal pain, or eating is the same**: Add metronidazole. Give it for 5 days. Advise the mother to return in 2 days.
Exceptions - if the child:
 - is less than 12 months old, or
 - was dehydrated on the first visit, or
 - had measles within the last 3 months

} Refer to hospital.

- If **fewer stools, less blood in the stools, less fever, less eating better**, continue giving the same antibiotic until finished.

abdominal pain, and

GIVE FOLLOW-UP CARE

- Care for the child who returns for follow-up using all the boxes that match the child's previous classifications.
- If the child has any new problem, assess, classify and treat the new problem as on the **ASSESS AND CLASSIFY** chart.

► PERSISTENT DIARRHOEA

After 5 days:

Ask:

- Has the diarrhoea stopped?
- How many loose stools is the child having per day?

Treatment:

- If **the diarrhoea has not stopped (child is still having 3 or more loose stools per day)**, do a full reassessment of the child. Give any treatment needed. Then refer to hospital.
- If **the diarrhoea has stopped (child having less than 3 loose stools per day)**, tell the mother to follow the usual feeding recommendations for the child's age.
- Tell the mother to continue giving multivitamin minerals supplement for two weeks.

► EAR INFECTION

After 5 days:

Reassess for ear problem. > See **ASSESS & CLASSIFY** chart.

Measure the child's temperature.

Treatment:

- If there is **tender swelling behind the ear or high fever (38.5°C or above)**, refer URGENTLY to hospital.
- **Acute ear infection:** if **ear pain or discharge** persists, treat with 5 more days of the same antibiotic. Continue wicking to dry the ear. Follow-up in 5 days.
- **Chronic ear infection:** Check that the mother is wicking the ear correctly, encourage her to continue. Check for compliance of treatment prescribed by the Ear Nose & Throat specialist
- If **no ear pain or discharge**, praise the mother for her careful treatment. If she has not yet finished the 5 days of antibiotic, tell her to use all of it before stopping.

► MALARIA (Low or High Malaria Risk Area)

If fever persists after 2 days, or returns within 14 days:

Do a full reassessment of the child. Assess for other causes of fever. > See **ASSESS & CLASSIFY** chart.

Treatment:

- If the child has **any general danger sign or stiff neck**, treat as VERY SEVERE FEBRILE DISEASE.
- If the child has any **cause of fever other than malaria**, provide treatment.
- If **malaria is the only apparent cause of fever:**
 - Treat with the second-line oral antimalarial. (If no second-line antimalarial is available, refer to hospital.) Advise the mother to return again in 2 days if the fever persists.
 - If fever has been present for 7 days, refer for assessment.

► FEVER-MALARIA UNLIKELY (Low Malaria Risk Area)

If fever persists after 2 days:

Do a full reassessment of the child. Assess for other causes of fever. > See **ASSESS & CLASSIFY** chart.

Treatment:

- If the child has **any general danger sign or stiff neck**, treat as VERY SEVERE FEBRILE DISEASE.
- If the child has any **cause of fever other than malaria**, provide treatment.
- If **malaria is the only apparent cause of fever:**
 - Treat with the first-line oral antimalarial. Advise the mother to return again in 2 days if the fever persists.
 - If fever has been present for 7 days, refer for assessment.

► FEVER-NO MALARIA (No Malaria Risk Area)

If fever persists after 2 days:

Do a full reassessment of the child. Assess for other causes of fever. > See **ASSESS & CLASSIFY** chart.

Treatment:

- If the child has **any general danger sign or stiff neck**, treat as VERY SEVERE FEBRILE DISEASE.
- If the child has any **other cause of fever** provide treatment.
- Make sure that there has been no travel to malarious area. If this may have occurred treat with first line of oral anti-malarial. Advise mother to return if the fever persists.
- If fever has been present for 7 days, refer for assessment.
- If no apparent cause of fever, advise mother to return again in 2 days if fever persists. Make sure the child is given increased fluids and is eating.

GIVE FOLLOW-UP CARE

- Care for the child who returns for follow-up using all the boxes that match the child's previous classifications.
- If the child has any new problem, assess, classify and treat the new problem as on the **ASSESS AND CLASSIFY** chart.

► MEASLES WITH EYE OR MOUTH COMPLICATIONS

After 2 days:

Look for red eyes and pus draining from the eyes.
Look at mouth ulcers.
Smell the mouth.

Treatment for Eye Infection:

- If **pus is draining from the eye**, ask the mother to describe how she has treated the eye infection. If treatment has been correct, refer to hospital. If treatment has not been correct, teach mother correct treatment.
- If **the pus is gone but redness remains**, continue the treatment.
- If **no pus or redness**, stop the treatment.

Treatment for Mouth Ulcers:

- If **mouth ulcers are worse, or there is a very foul smell from the mouth**, refer to hospital.
- If **mouth ulcers are the same or better**, continue using half-strength gentian violet (0.25 %) for a total of 5 days.

► MEASLES

After 2 days:

Do a full reassessment of the child. > See ASSESS & CLASSIFY chart.

Treatment:

- If **general danger sign or clouding of the cornea or deep extensive mouth ulcers or pneumonia**, treat as SEVERE COMPLICATED MEASLES.
- If **pus draining from the eye or mouth ulcers**, treat as MEASLES WITH EYE OR MOUTH COMPLICATIONS.
- If **none of the above signs**, advise the mother when to return immediately.
- Follow up in two days if not improving.
 - If the child received already the dose of vitamin A in the previous visit, do not repeat.

► FEEDING PROBLEM

After 5 days:

Reassess feeding. > See questions at the top of the **COUNSEL** chart

Ask about any feeding problems found on the initial visit.

- Counsel the mother about any new or continuing feeding problems. If you counsel the mother to make significant changes in feeding, ask her to bring the child back again.
- If the child is very low weight for age, ask the mother to return 30 days after the initial visit to measure the child's weight gain.

► ANAEMIA

After 14 days:

- Give iron. Advise mother to return in 14 days for more iron.
- Continue giving iron every 14 days for 2 months.
- If the child has palmar pallor after 2 months, refer for assessment.

► VERY LOW WEIGHT

After 30 days:

Weigh the child and determine if the child is still very low weight for age.

Reassess feeding. > See questions at the top of the **COUNSEL** chart

Treatment:

- If the child is **no longer very low weight for age**, praise the mother and encourage her to continue.
- If the child is still **very low weight for age**, counsel the mother about any feeding problem found. Ask the mother to return again in one month. Continue to see the child monthly until the child is feeding well and gaining weight regularly or is no longer very low weight for age.

Exception:

If you do not think that feeding will improve, or if the child has **lost weight**, refer the child.

IF ANY MORE FOLLOW-UP VISITS ARE NEEDED BASED ON THE INITIAL VISIT OR THIS VISIT, ADVISE THE MOTHER FOR THE NEXT FOLLOW-UP VISIT

ALSO, ADVISE THE MOTHER WHEN TO RETURN IMMEDIATELY. (SEE COUNSEL CHART.)



COUNSEL THE MOTHER



FOOD

► ***Assess the Child's Feeding***

Ask questions about the child's usual feeding and feeding during this illness. Compare the mother's answers to the ***Feeding Recommendations*** for the child's age in the box below.

ASK




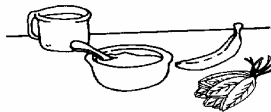

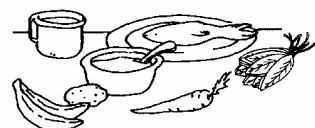

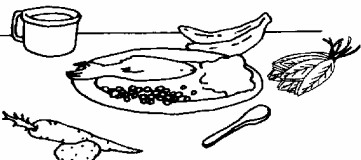
- Do you breastfeed your child?
 - How many times during the day?
 - Do you also breastfeed during the night?

- Does the child take any other food or fluids?
 - What food or fluids?
 - How many times per day?
 - What do you use to feed the child?
 - If very low weight for age: How large are servings? Does the child receive his own serving? Who feeds the child and how?

- During this illness, has the child's feeding changed? If yes, how?

► Feeding Recommendations During Sickness and Health

Wash your hands before preparing the child's food and use clean cooking utensils.

<p>Up to 4 Months of Age</p>  <ul style="list-style-type: none"> Breast feed as often as the child wants, day and night, at least 8 times in 24 hours. Breast feed at least for 10 minutes on each breast every time Do not give other foods or fluids or water. Do not use bottles or pacifiers 	<p>4 Months up to 6 Months</p>  <ul style="list-style-type: none"> Breastfeed as often as the child wants, day or night, at least 8 times in 24 hours. If the child: <ul style="list-style-type: none"> appears hungry after breastfeeding, or shows interest in semisolid foods, or is not gaining weight adequately. Add complementary foods such as <ul style="list-style-type: none"> Suji Ki Kheer, Suji ka Halwa, Khichri, Kheer, Sagodana, Mashed Potato with butter, Mashed banana with or without yoghurt, Biscuit or Rusk Soaked in Milk, (All food should be mashed, semi solid form and smooth in consistency) <p>Give these foods with cup/spoon, 1 or 2 times per day after breastfeeding.</p>	<p>6 Months up to 12 Months</p>  <ul style="list-style-type: none"> Breastfeed as often as the child wants. Give adequate servings of: Khichri*, Rice (Bhatt)* with seasonal vegetables (Carrot, Spinach, Potatoes etc.), or Minced Meat. Rice Kheer, Suji ka Halwa or Kheer*, Dalia*, Vermicelli's*, Choori*, Mashed Potato or vegetables*, Egg, Banana, Seasonal Fruit and any foods listed for 4 to 6 month child. (upto 9 months food should be mashed) 3 times per day if breastfed; 5 times per day if not breastfed. Each serving should be equivalent to 1/2-3/4 of a cup. 	<p>12 Months up to 2 Years</p>  <ul style="list-style-type: none"> Breastfeed as often as the child wants. Give adequate servings of: Roti, Parattha, Khichri or Rice, Curry, Minced Meat, Chicken, Egg, Seasonal Vegetables, Choori, Vermicelli's, and/or any foods listed for 6-12 months child Give food at least 3 times per day <p>AND</p> <p>Give also snacks 2 times per day between meals such as seasonal fruit (Banana, Apple, Mango, Orange etc.) Biscuit, Rusk, Chips, Pakora or Samosa, Lassi, Yoghurt, Bread with Egg, Halwa etc.</p> <p>OR</p> <p>Family foods 5 times per day.</p> 	<p>2 Years and Older</p>  <ul style="list-style-type: none"> Give family foods at 3 meals each day. Also, twice daily, give nutritious food between meals, such as: <p>Seasonal fruit (Banana, Apple, Mango, Orange etc.) Biscuit, Rusk, Chips, Pakora, Samosa, Lassi, Yoghurt, Bread with Eggs, Halwa etc.</p> 
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* A good daily diet should be adequate in quantity and include an energy-rich food (for example, thick cereal with added oil / Ghee / Butter); meat, fish, eggs, or pulses; and fruits and vegetables.

Feeding Recommendations For a Child Who Has PERSISTENT DIARRHOEA

- If still breastfeeding, give more frequent, longer breastfeeds, day and night.
- If taking other milk:
 - replace with increased breastfeeding OR
 - replace with fermented milk products, such as yoghurt OR
 - replace half the milk with nutrient-rich semisolid food.
- For other foods, follow feeding recommendations for the child's age.

► **Counsel the Mother About Feeding Problems**

If the child is not being fed as described in the above recommendations, counsel the mother accordingly. In addition:



- If the mother reports difficulty with breastfeeding, assess breastfeeding. (See *YOUNG INFANT* chart.)
As needed, show the mother correct positioning and attachment for breastfeeding.

- If the child is less than 4 months old and is taking other milk or foods OR:

- If the mother thinks she does not have enough milk:

- Build mother's confidence that she can produce all the breast milk that the child needs.
- Suggest giving more frequent, longer breastfeeds day or night, and gradually reducing other milk or foods.

If other milk needs to be continued, counsel the mother to:

- Breastfeed as much as possible, including at night.
- Make sure that other milk is a locally appropriate breast milk substitute.
- Make sure other milk is correctly and hygienically prepared and given in adequate amounts.
- Prepare only an amount of milk which child can consume within one hour. If there is some left over milk, discard.

- If the mother is using a bottle to feed the child:

- Recommend substituting a cup for bottle.
- Show the mother how to feed the child with a cup.

- If the child is being fed too small amounts

- Recommend increasing the frequency and portion size for each meal day by day, until recommended portion size achieved.
- Recommend that the mother encourages the child to eat more.

- If the child is not being fed actively, counsel the mother to:

- Sit with the child and encourage eating.
- Give the child an adequate serving in a separate plate or bowl.
- Observe what the child likes and consider these for preparing the food. (consider energy rich, high density food).

- If the child is not feeding well during illness, counsel the mother to:

- Breastfeed more frequently and for longer if possible.
- Use soft, varied, appetizing, favorite foods to encourage the child to eat as much as possible, and offer frequent small feedings.
- Add oil/ghee/butter to prepare foods. Also give green leafy and yellow vegetables and fruits to the child.
- Clear a blocked nose if it interferes with feeding.
- Expect that appetite will improve as child gets better.
- Give expressed breast milk if necessary.

- Follow-up any feeding problem in 5 days.

- Advise mother not to give her child, harmful, contaminated and unhygienically prepared junk foods from vendors e.g. kulfi, ice cream, sodas/ sherbet/drinks etc., paparrs, pakoras, samosas, nimkos etc.



FLUID AND FOOD

► Advise the Mother to Increase Fluid and Continue Feeding During Illness

FOR ANY SICK CHILD:

- Breastfeed more frequently and for longer at each feed.
- Increase fluid. For example, give soup, rice water, yoghurt drinks or clean water.
- Give small frequent meals of energy rich food.

FOR CHILD WITH DIARRHOEA:

- Giving extra fluid can be lifesaving. Give fluid according to Plan A or Plan B on *TREAT THE CHILD* chart.

WHEN TO RETURN

► Advise the Mother When to Return to Health Worker

FOLLOW-UP VISIT

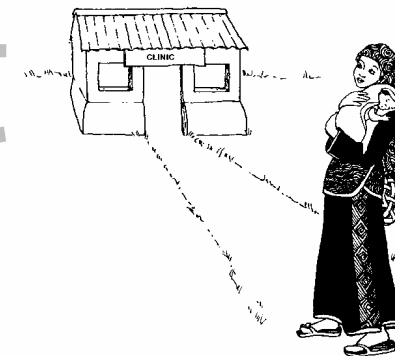
Advise the mother to come for follow-up at the earliest time listed for the child's problems.

If the child has:	Return for follow-up in:
PNEUMONIA NO PNEUMONIA WITH WHEEZE DYSENTERY MALARIA, if fever persists FEVER-MALARIA UNLIKELY, if fever persists FEVER- NO MALARIA , if fever persists MEASLES WITH EYE OR MOUTH COMPLICATIONS	2 days
PERSISTENT DIARRHOEA ACUTE EAR INFECTION CHRONIC EAR INFECTION FEEDING PROBLEM ANY OTHER ILLNESS, if not improving	5 days
ANAEMIA	14 days
VERY LOW WEIGHT FOR AGE	30 days

VISIT

Advise mother when to return for next immunization according to immunization schedule.

NEXT WELL-CHILD



WHEN TO RETURN IMMEDIATELY

Advise mother to return immediately if the child has any of these signs:

Any sick child	<ul style="list-style-type: none"> • Not able to drink or breastfeed • Becomes sicker • Develops a fever
If child has NO PNEUMONIA: COUGH OR COLD, also return if:	<ul style="list-style-type: none"> • Fast breathing • Difficult breathing
If child has Diarrhoea, also return if:	<ul style="list-style-type: none"> • Blood in stool • Drinking poorly

► ***Counsel the Mother About Her Own Health***

- If the mother is sick, provide care for her, or refer her for help.
- If she has a breast problem (such as engorgement, sore nipples, breast infection), provide care for her or refer her for help.
- Advise her to eat well to keep up her own strength and health.
- Check the mother's immunization status and give her tetanus toxoid if needed.
- Make sure she has access to:
 - Family planning
 - Counseling on STD and AIDS prevention



ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT AGE LESS THEN 2 MONTHS



ASSESS

ASK THE MOTHER WHAT THE YOUNG INFANT'S PROBLEMS ARE

- Determine if this is an initial or follow-up visit for this problem.
 - if follow-up visit, use the follow-up instructions on the *FOLLOW-UP* chart.
 - if initial visit, assess the young infant as follows:

CLASSIFY

USE ALL BOXES THAT MATCH INFANT'S SYMPTOMS
AND PROBLEMS TO CLASSIFY THE ILLNESS.

IDENTIFY TREATMENT

CHECK FOR POSSIBLE INFECTION

ASK:

- Has the young infant had convulsions?
- Is the young infant vomiting everything?
- Is the young infant not able to feed

LOOK, LISTEN, FEEL:

- See if the infant is convulsing now
- Count the breaths in one minute. Repeat the count if elevated.
- Look for severe chest indrawing.
- Look for nasal flaring.
- Look and listen for grunting.
- See if the young infant is lethargic or unconscious.
- Look at the young infant's movements. Are they less than normal?
- Look and feel for bulging fontanelle.
- Look for pus discharge from eyes
- Look at the umbilicus. Is it red or draining pus? Does the redness extend to the skin?
- Look for skin pustules. Are there many or severe pustules?
- Look and feel for the muscular stiffness or spasm.
- Measure temperature (or feel for fever or low body temperature).



YOUNG
INFANT
MUST BE
CALM

Classify
ALL
YOUNG
INFANTS

SIGNS

CLASSIFY AS

TREATMENT

(Urgent pre-referral treatments are in bold)

- Convulsions or
- Not able to feed or
- Vomiting every thing or
- Fast breathing (60 breaths per minute or more) or
- Slow breathing or apnoea (20 breaths per minute or less) or
- Severe chest indrawing or
- Nasal flaring or
- Grunting or
- Lethargic or unconscious or
- Less than normal movement or
- Bulging fontanelle or
- Many or severe skin pustules or
- Umbilical redness extending to the skin or
- Fever (37.5°C* or above or feels hot) or low body temperature (less than 35.5°C*) or feels cold

POSSIBLE
SERIOUS
BACTERIAL
INFECTION
AND / OR

- ▶ **Treat convulsions if present now.**
- ▶ **Give first dose of Intramuscular antibiotics.**
- ▶ **Treat to prevent low blood sugar.**
- ▶ **Advise mother how to keep the infant warm on the way to the hospital.**
- ▶ **Refer URGENTLY to hospital.****

- Muscular stiffness or spasm.

POSSIBLE
NEONATAL
TETANUS

- ▶ **Give rectal Diazepam.**
- ▶ **Treat to prevent low blood sugar.**
- ▶ **Refer URGENTLY to hospital.****

- Red umbilicus or draining pus or
- Skin pustules or
- Pus discharge from the eyes

LOCAL
BACTERIAL
INFECTION
AND / OR
EYE
INFECTION

- ▶ Give an appropriate local antibiotic for eye infection.
- ▶ Appropriate local antiseptic for skin infection.
- ▶ Teach the mother to treat local infections at home.
- ▶ Advise mother to give home care for the young infant.
- ▶ Follow-up in 2 days.

- None of the above mentioned signs present

BACTERIAL
INFECTION
UNLIKELY

- ▶ Advise mother to give home care for young infant.

- Birth weight < 1.5 kg and jaundice OR
- Birth Weight 1.5 to <2.5 kg and jaundice extending up to arms and legs OR
- Birth Weight ≥ 2.5 kg and jaundice extending up to hands and feet.

SIGNIFICANT
JAUNDICE

- ▶ **Treat to prevent low blood sugar.**
- ▶ **Advise the mother how to keep the young infant warm on the way to the hospital.**
- ▶ **Refer URGENTLY to hospital.**

- Jaundice not classified as significant jaundice.

NOT
SIGNIFICANT
JAUNDICE

- ▶ Advise the mother to breastfeed as often and for as long as the infant wants, day and night.
- ▶ Follow-up in 2 days, if not improving

- No jaundice present

NO

- ▶ No additional treatment

THEN CHECK FOR JAUNDICE

ASK

- Is there any jaundice :

LOOK

- Look for jaundice :
 - extending up to hands and feet?
 - extending up to arms and legs only?
 - jaundice but not extending up to arms and legs?
- Determine birth weight for baby less than 7 days

Classify
JAUNDICE

THEN ASK:

Does the young infant have diarrhoea?

IF YES, ASK:

LOOK AND FEEL:

- For how long?
- Is there blood in the stool?
- Look at the young infant's general condition. Is the infant:
 - Lethargic or unconscious?
 - Restless and irritable?
- Look for sunken eyes.
- Pinch the skin of the abdomen. Does it go back:
 - Very slowly (longer than 2 seconds)?
 - Slowly?

Classify DIARRHOEA

for
DEHYDRATION

and if diarrhoea
14 days or more

and if blood in
stool

Two of the following signs:

- Lethargic or unconscious
- Sunken eyes
- Skin pinch goes back very slowly.

SEVERE DEHYDRATION

- ▶ If infant does not have POSSIBLE SERIOUS BACTERIAL INFECTION: OR POSSIBLE NEONATAL TETANUS OR SIGNIFICANT JAUNDICE
 - Give fluid for severe dehydration (Plan C).
 - OR
- ▶ If infant also has POSSIBLE SERIOUS BACTERIAL INFECTION: OR POSSIBLE NEONATAL TETANUS OR SIGNIFICANT JAUNDICE
 - Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way. Advise mother to continue breastfeeding.

Two of the following signs:

- Restless, irritable
- Sunken eyes
- Skin pinch goes back slowly.

SOME DEHYDRATION

- ▶ Give fluid and food for some dehydration (Plan B).
- ▶ If infant also has POSSIBLE SERIOUS BACTERIAL INFECTION: OR POSSIBLE NEONATAL TETANUS OR SIGNIFICANT JAUNDICE
 - Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way.
 - Advise mother to continue breastfeeding.
- ▶ Advise mother when to return immediately.

- Not enough signs to classify as some or severe dehydration.

NO DEHYDRATION

- ▶ Give fluids to treat diarrhoea at home (Plan A).
- ▶ Advise mother when to return immediately.
- ▶ Follow-up in two days.

- Diarrhoea lasting 14 days or more.

SEVERE PERSISTENT DIARRHOEA

- ▶ If the young infant is dehydrated, treat dehydration before referral unless the infant has also POSSIBLE SERIOUS BACTERIAL INFECTION. OR POSSIBLE NEONATAL TETANUS OR SIGNIFICANT JAUNDICE
- ▶ Refer to hospital.

- Blood in the stool.

BLOOD IN STOOL

- ▶ Treat to prevent low blood sugar
- ▶ Advise mother how to keep the infant warm on the way to hospital
- ▶ Refer URGENTLY to hospital

* These thresholds are based on axillary temperature.

** If referral is not possible, see *Integrated Management of Childhood Illness, Treat the Child, Annex: "Where Referral Is Not Possible."*

THEN CHECK FOR FEEDING PROBLEM OR LOW BIRTH WEIGHT OR LOW WEIGHT:

ASK:

- Is there any difficulty feeding?
- Is the infant breastfed? If yes, how many times in 24 hours?
- Does the infant usually receive any other foods or drinks? If yes, how often?
- What do you use to feed the infant?

LOOK, FEEL:

- Determine weight for age.
- For baby less than 7 days age determine birth weight

IF AN INFANT: **Has any difficulty feeding,
Is breastfeeding less than 8 times in 24 hours,
Is taking any other foods or drinks, or
Is low weight for age, or
Is low birth weight**
AND
Has no indications to refer urgently to hospital:

ASSESS BREASTFEEDING:

- Has the infant breastfed in the previous hour?

If the infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeed for 4 minutes.
(If the infant was fed during the last hour, ask the mother if she can wait and tell you when the infant is willing to feed again.)

- Is the infant position correct?

Poor positioning

good positioning

TO CHECK POSITIONING, LOOK FOR:

- Infant's head and body straight
 - Infant facing the breast with his nose opposite the nipple
 - Infant's body close to mother's body
 - Infant's whole body supported not just neck and shoulders
- (All of these signs should be present if the positioning is good.)

- Is the infant able to attach?

no attachment at all

not well attached

good attachment

TO CHECK ATTACHMENT, LOOK FOR:

- Chin touching breast
 - Mouth wide open
 - Lower lip turned outward
 - More areola visible above than below the mouth
- (All of these signs should be present if the attachment is good.)

- Is the infant suckling effectively (that is, slow deep sucks, sometimes pausing)?

not suckling at all *not suckling effectively* *suckling effectively*

Clear a blocked nose if it interferes with breastfeeding.

- Look for ulcers or white patches in the mouth. (thrush)

Classify FEEDING

- Not able to feed or
- No attachment at all or
- Not suckling at all or
- Birth weight <1.5 kg

NOT ABLE TO FEED - POSSIBLE SERIOUS BACTERIAL INFECTION AND / OR VERY LOW BIRTH WEIGHT

- ▶ Give first dose of Intramuscular antibiotics.
- ▶ Treat to prevent low blood sugar.
- ▶ Advise the mother how to keep the young infant warm on the way to the hospital.
- ▶ Refer URGENTLY to hospital.

- Poor positioning or
- Not well attached to breast or
- Not suckling effectively or
- Less than 8 breastfeeds in 24 hours or
- Receives other foods or drinks or
- Low weight for age or
- Birth weight 1.5 to < 2.5 kg or
- Thrush (ulcers or white patches in mouth)

FEEDING PROBLEM AND / OR LOW WEIGHT AND / OR LOW BIRTH WEIGHT AND / OR THRUSH

- ▶ Advise the mother to breastfeed as often and for as long as the infant wants, day and night.
- If not well attached or not suckling effectively, teach correct positioning and attachment.
- If breastfeeding less than 8 times in 24 hours, advise to increase frequency of feeding.
- ▶ If receiving other foods or drinks, counsel mother about breastfeeding more, reducing other foods or drinks, and using a cup.
- If not breastfeeding at all:
 - Refer for breastfeeding counselling and possible relactation.
 - Advise about correctly preparing breast milk substitutes and using a cup.
- ▶ If thrush, teach the mother to treat thrush at home.
- ▶ Advise mother to give home care for the young infant.
- ▶ Follow-up any feeding problem or thrush in 2 days.
- ▶ Follow-up low weight for age or low birth weight in one week.

- Not low weight for age or no low birth weight and no other signs of inadequate feeding.

NO FEEDING PROBLEM

- ▶ Advise mother to give home care for the young infant.
- ▶ Praise the mother for feeding the infant well.

THEN CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS:

IMMUNIZATION SCHEDULE:	<u>AGE</u>	<u>VACCINE</u>	
	Birth	BCG	OPV-0
	6 weeks	DPT-1	OPV-1
	10 weeks	DPT-2	OPV-2

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ASSESS OTHER PROBLEMS

TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

► TO TREAT CONVULSIONS, SEE TREAT THE CHILD CHART

► Give First Dose of Intramuscular Antibiotics

- Give first dose of both benzylpenicillin and gentamicin Intramuscular.

WEIGHT	GENTAMICIN Dose: 2.5 mg per kg		BENZYLPENICILLIN Dose: 50 000 units per kg	
	Undiluted 2 ml vial containing 20 mg = 2 ml at 10 mg/ml	OR Add 6 ml sterile water to 2 ml vial containing 80 mg* = 8 ml at 10 mg/ml	To a vial of 600 mg (1 000 000 units): Add 2.1 ml sterile water = 2.5 ml at 400 000 units/ml	OR Add 3.6 ml sterile water = 4.0 ml at 250 000 units/ml
Up to 1 kg		0.25 ml*	0.1 ml	0.2 ml
>1-2 kg		0.50 ml*	0.2 ml	0.4 ml
>2-3 kg		0.75 ml*	0.4 ml	0.6 ml
>3-4 kg		1.00 ml*	0.5 ml	0.8 ml
>4-5 kg		1.25 ml*	0.6 ml	1.0 ml

* Avoid using undiluted 40 mg/ml gentamicin. The dose is 1/4 of that listed.

- Referral is the best option for a young infant classified with POSSIBLE SERIOUS BACTERIAL INFECTION. If referral is not possible, give benzylpenicillin and gentamicin for at least 5 days. Give benzylpenicillin every 6 hours plus gentamicin every 8 hours. For infants in the first week of life, give gentamicin every 12 hours.

TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

► ***To Treat Diarrhoea, See TREAT THE CHILD Chart.***

► ***Immunize Every Sick Young Infant, as Needed.***

► ***Teach the Mother to Treat Local Infections at Home***

- Explain how the treatment is given.
- Watch her as she does the first treatment in the clinic.
- Tell her to do the treatment twice daily. She should return to the clinic if the infection worsens.

To Treat Skin Pustules or Umbilical Infection

The mother should:

- Wash hands
- Gently wash off pus and crusts with soap and water
- Dry the area
- Paint with gentian violet
- Wash hands

To Treat Thrush (ulcers or white patches in mouth)

The mother should:

- Wash hands
- Wash mouth with clean soft cloth wrapped around the finger and wet with salt water
- Paint the mouth with half-strength gentian violet (0.25 %)
- Wash hands

► ***To Treat Eye Infection, See Treat the Child Chart***

TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

► **Teach Correct Positioning and Attachment for Breastfeeding**

- Show the mother how to hold her infant
 - with the infant's head and body straight
 - facing her breast, with infant's nose opposite her nipple
 - with infant's body close to her body
 - supporting infant's whole body, not just neck and shoulders.
- Show her how to help the infant to attach. She should:
 - touch her infant's lips with her nipple
 - wait until her infant's mouth is opening wide
 - move her infant quickly onto her breast, aiming the infant's lower lip well below the nipple.
- Look for signs of good attachment and effective suckling. If the attachment or suckling is not good, try again.

► **Advise Mother to Give Home Care for the Young Infant**

- FOOD
- FLUIDS



Breastfeed frequently, as often and for as long as the infant wants, day or night, during sickness and health.

- WHEN TO RETURN

Follow-up Visit

If the infant has:	Return for follow-up in:
LOCAL BACTERIAL INFECTION DIARRHOEA ANY FEEDING PROBLEM	2 days
LOW WEIGHT FOR AGE	1 week

- MAKE SURE THE YOUNG INFANT STAYS WARM AT ALL TIMES.
 - In cool weather, cover the infant's head and feet and dress the infant with extra clothing.

When to Return Immediately:

Advise the mother to return immediately if the young infant has any of these signs:

GIVE FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

► LOCAL BACTERIAL INFECTION

After 2 days:

Look at the umbilicus. Is it red or draining pus? Does redness extend to the skin?

Look at the skin pustules. Are there many or severe pustules?

Look in the eyes for redness and purulent discharge

Treatment:

- If **pus or redness remains or is worse**, refer to hospital.
- If **pus and redness are improved**, tell the mother to continue giving the 5 days of local antibiotic or local antiseptic and continue treating the local infection at home.

► DIARRHOEA

After 2 days:

Assess the young infant for diarrhoea. > See "Does the Young Infant Have Diarrhoea?".

Ask:

- Are there fewer stools?
- Is there blood in the stool?
- Is the young infant feeding better?
- Has fever developed?

Treatment:

- If the child is **dehydrated**, treat dehydration.
- If **number of stools and feeding are the same or worse, or blood in stools or severe dehydration or fever develops**, refer to hospital. If fever, give first dose of Intramuscular antibiotics before referral.
- If **fewer stools, no blood in the stools, no dehydration and feeding better**, continue giving the same management until better.

GIVE FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

► **FEEDING PROBLEM**

After 2 days:

Reassess feeding. > See "Then Check for Feeding Problem or low birth weight or Low Weight" above.

Ask about any feeding problems found on the initial visit.

- Counsel the mother about any new or continuing feeding problems. If you counsel the mother to make significant changes in feeding, ask her to bring the young infant back again.
- If the young infant is low weight for age, or low birth weight or ask the mother to return in one week after the initial visit to measure the young infant's weight gain.

Exception:

If you do not think that feeding will improve, or if the young infant has **lost weight**, refer the child.

► **LOW WEIGHT , LOW BIRTH WEIGHT**

After 1 week:

Weigh the young infant and determine if the infant is still low weight for age.

Reassess feeding. > See "Then Check for Feeding Problem or low birth weight or Low Weight" above.

- If the infant is **no longer low weight for age**, praise the mother and encourage her to continue.
- If the infant is **still low weight for age, but is feeding well**, praise the mother. Ask her to have her infant weighed again within a month or when she returns for immunization.
- If the infant is **still low weight for age and still has a feeding problem**, counsel the mother about the feeding problem. Ask the mother to return again in one week (or when she returns for immunization, if this is within 1 week). Continue to see the young infant every few weeks until the infant is feeding well and gaining weight regularly or is no longer low weight for age.

Exception:

If you do not think that feeding will improve, or if the young infant has **lost weight**, refer to hospital.

► **THRUSH**

After 2 days:

Look for ulcers or white patches in the mouth (thrush).

Reassess feeding. > See "Then Check for Feeding Problem or low birth weight or Low Weight" above.

- If **thrush is worse**, or the infant has **problems with attachment or suckling**, refer to hospital.
- If **thrush is the same or better**, and if the infant is **feeding well**, continue half-strength gentian violet for a total of 5 days.

I.D-No _____.

MANAGEMENT OF THE SICK YOUNG INFANT AGE LESS THEN 2 MONTHS

Name: _____ Age: _____ days Present weight: _____ kg Birth weight _____ kg (for baby less then 7 days, if birth weight not known use present weight as birth weight)

Temperature: _____ °C _____ °F

ASK: What are the infant's problems? _____ Initial visit? ____ Follow-up Visit? ____

CHECK FOR POSSIBLE INFECTION			
<ul style="list-style-type: none">• Has the infant had convulsions?• Is the young infant vomiting every thing?• Is the young infant not able to feed?	<ul style="list-style-type: none">• Convulsing now• Count the breaths in one minute. _____ breaths per minute Repeat if 60 or more _____ Fast breathing? Slow breathing? Apnoea?• Look for severe chest indrawing.• Look for nasal flaring.• Look and listen for grunting.• See if young infant is lethargic or unconscious.• Look at young infant's movements. Less than normal?• Look for pus discharge from eyes• Look at umbilicus. Is it red or draining pus? Does the redness extend to the skin?• Look for skin pustules. Are there many or severe pustules?• Look and feel for bulging fontanelle.• Look and feel for muscular stiffness or spasm• Fever (temperature 37.5°C or feels hot) or low body temperature (below 35.5°C or feels cool)		
CHECK FOR JAUNDICE			
<ul style="list-style-type: none">• Does the young infant has Jaundice	<ul style="list-style-type: none">• See if the jaundice is extended to hands and feet• See if the jaundice is extended to arms and legs only• See if young infant has jaundice but not extended to arms and legs		
DOES THE YOUNG INFANT HAVE DIARRHOEA? Yes ____ No ____			
<ul style="list-style-type: none">• For how long? _____ Days• Is there blood in the stools?	<ul style="list-style-type: none">• Look at the young infant's general condition. Is the infant: Lethargic or unconscious? Restless or irritable?• Look for sunken eyes.• Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?		

ASSESS (Circle all signs present)

CLASSIFY

TREAT

THEN CHECK FOR FEEDING PROBLEM, LOW WEIGHT, LOW BIRTH WEIGHT

- Is there any difficulty feeding?
Yes _____ No _____
- Is the infant breastfed?
Yes _____ No _____
If Yes, how many times in 24 hours? _____ times
- Does the infant usually receive any other foods or drinks?
Yes _____ No _____
If Yes, how often? _____
- What do you use to feed the child?
- Reduced feeding during illness
Yes _____ No _____
- Determine weight for age.
Low _____ Not Low _____
- Determine birth weight (if less than 7 days old)
very Low _____ Low _____ not low _____
(<1.5 kg.) (1.5 to <2.5 kg) (2.5 kg or more)

**If the infant has any difficulty feeding.
Is feeding less than 8 times in 24 hours.
Is taking any other food or drinks, or
Is low weight for age, or
Low birth weight (1.5 $<$ 2.5 kg), or less than 7 days
AND
Has no indications to refer urgently to hospital: assess breastfeeding**

ASSESS BREASTFEEDING:

- Has the infant breastfed in the previous hour?
If infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeed for 4 minutes.
 - Is infant's **position** correct? look for :
 - Infant's head and body straight Yes _____ No _____
 - infant facing the breast with his nose opposite the nipple Yes _____ No _____
 - Infant's body close to mother's body Yes _____ No _____
 - infant's whole body supported Yes _____ No _____
- Poor positioning* *Good positioning*
- Is the infant able to **attach**? To check attachment, look for:
 - Chin touching breast Yes _____ No _____
 - Mouth wide open Yes _____ No _____
 - Lower lip turned outward Yes _____ No _____
 - More areola above than below the mouth Yes _____ No _____
- not attached at all* *not well attached* *good attachment*
- Is the infant suckling effectively (that is, slow deep sucks, sometimes pausing)?
not suckling at all *not suckling effectively* *suckling effectively*
 - Look for ulcers or white patches in the mouth (thrush).

CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS

Circle immunizations needed today.

BCG _____ DPT1 _____ DPT2 _____
OPV 0 _____ OPV 1 _____ OPV 2 _____

Return for next immunization on:

(Date)

Immunization to given today

ASSESS OTHER PROBLEMS

Advice mother when to return immediately
Return for follow-up in days

I.D-No _____.

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name: _____ Age: _____ months Weight: _____ kg Temperature: _____ °C _____ °F

ASK: What are the child's problems? _____ Initial visit? ____ Follow-up Visit? ____

ASSESS (Circle all signs present)

CLASSIFY

TREAT

CHECK FOR GENERAL DANGER SIGNS <ul style="list-style-type: none"> • NOT ABLE TO DRINK OR BREASTFEED • VOMITS EVERYTHING • LETHARGIC OR UNCONSCIOUS • CONVULSING NOW ANY DANGER SIGN PRESENT		
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes____ No____ <ul style="list-style-type: none"> • For how long? ____ Days • Count the breaths in one minute.(child must be calm) _____ breaths per minute. Fast breathing? • Look for chest indrawing. • Look and listen for stridor. • Look and listen for wheeze 		
DOES THE CHILD HAVE DIARRHOEA? Yes ____ No ____ <ul style="list-style-type: none"> • For how long? ____ Days • Is there blood in the stools? • Look at the child's general condition.Is the child: Lethargic or unconscious? Restless or irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly? 		
DOES THE CHILD HAVE THROAT PROBLEM: Yes____ No____ <ul style="list-style-type: none"> • Does the child have sore throat? • Is the child not able to drink? • Does the child have fever? • Fever (temperature 37.5°C or above). • Feel for tender enlarged lymph nodes on the neck. • Look for red, enlarged tonsils. • Look for white exudate on the throat. 		
DOES THE CHILD HAVE AN EAR PROBLEM? Yes____ No____ <ul style="list-style-type: none"> • Is there severe ear pain? • Is there ear discharge? • If Yes, for how long? ____ Days • Look for pus draining from the ear. • Feel for tender swelling behind the ear. 		
DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5°C or above) Yes____ No____ Decide Malaria Risk: High, Low, or No Malaria Risk If low or no then ask: <ul style="list-style-type: none"> • Has the child travelled to high or low malaria risk area in the last one month Yes No (if yes: use relevant malaria risk area) • Fever for how long? ____ Days • If more than 7 days, has fever been present every day? • Has child had measles within the last three months? • Look or feel for stiff neck. • Look for runny nose. Look for signs of MEASLES: <ul style="list-style-type: none"> • Generalized rash of measles AND • One of these: cough, runny nose, or red eyes. <hr/> If the child has measles now or within the last 3 months: <ul style="list-style-type: none"> • Look for mouth ulcers. • If Yes, are they deep and extensive? • Look for pus draining from the eye. • Look for clouding of the cornea. 		

ASSESS (Circle all signs present)**CLASSIFY**Remember to refer any child who has danger sign or severe classification
TREAT

THEN CHECK FOR MALNUTRITION <ul style="list-style-type: none"> Look for visible severe wasting. Look and feel for oedema of both feet. Determine weight for age. Very Low ____ Not Very Low ____ 		
THEN CHECK FOR ANAEMIA <ul style="list-style-type: none"> Look for palmar pallor. <p>Some palmar pallor? _____ Severe palmar pallor? _____</p>		
CHECK THE CHILD'S IMMUNIZATION STATUS Circle immunizations needed today. <div style="display: flex; justify-content: space-between;"> <div> BCG _____ OPV 0 _____ </div> <div> DPT1 _____ OPV 1 _____ </div> <div> DPT2 _____ OPV 2 _____ </div> <div> DPT3 _____ OPV 3 _____ </div> <div> Measles _____ </div> </div>	Return for next immunization on: _____ (Date)	Immunization to be given today? _____
FOR CHILDREN 6 MONTHS OR ABOVE CHECK THE CHILD'S VITAMIN A SUPPLEMENTATION STATUS <p>Has the child received vitamin A in the last 6 months Yes ____ No ____</p>	Vitamin-A needed Yes ____ No ____	Vitamin-A to be given today? Yes ____ No ____
FOR CHILDREN 2 YEARS OR ABOVE CHECK THE CHILD'S DEWORMING STATUS <p>Has the child received pyrantel pamoate in the last 6 months Yes ____ No ____</p>	Pyrantel Pamoate needed Yes ____ No ____	Pyrantel Pamoate to be given today? Yes ____ No ____
ASSESS CHILD'S FEEDING if child has ANAEMIA OR VERY LOW WEIGHT or is less than 2 years old. <ul style="list-style-type: none"> Do you breastfeed your child? Yes ____ No ____ If Yes, how many times in 24 hours? ____ times. Do you breastfeed during the night? Yes ____ No ____ Does the child take any other food or fluids? Yes ____ No ____ If Yes, what food or fluids? _____ How many times per day? ____ times. What do you use to feed the child? _____ If very low weight for age: How large are servings? _____ Does the child receive his/her own servings? ____ Who feeds the child and how? _____ During the illness, has the child's feeding changed? Yes ____ No ____ If Yes, how? _____ 	FEEDING PROBLEMS	FEEDING ADVICE
ASSESS OTHER PROBLEMS		

Advice mother when to return immediately
Return for follow-up in days

Temperature Conversion Table

°C / °F

°F	to	°C
0	=	-17.7
95	=	35.0
97	=	36.1
98	=	36.6
98.6	=	37.0
99	=	37.2
100	=	37.7
101	=	38.3
102	=	38.8
103	=	39.4
104	=	40.0
105	=	40.5
106	=	41.1

Malaria Risk Areas *(Districts)*

[illegible]

NOTES